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County of All All STATE OF SO Bureau of State Box Township of Registration Disor City of (If birth occurs in a hospital or other institution)	File No.—For Slate Registrar Only Vital Statistics and of Health Registered No. (For use of Local Reistrar) St.; Ward) , give name of same instead of street and number.) If child is not yet named, make
(2) Full Name of Child / Land Address of Supplemental report as directed	
(3) BOY OR GIRL? (4) Twin or Triplet? X (5) Number in order of birth X	(6) Are Parents Married? (7) DATE OF TO THE PARENTS (Name of Month) (Day) (Year)
FATHER.	MOTHER.
(8) FULL NAME	(14) NAME BEFORE CLOSE MARRIAGE
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER CEDEUTER (15)
(10) COLOR (12) AGE AT LAST OR BIRTHDAY	(16) COLOR (17) AGE AT LAST (OR PARCE (LG WL (Years)
RACE / (FEATS)	(18) BIRTHPLACE
(13) OCCUPATION,	(19) OCCUPATION
(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
(22) I hereby certify that I attended the birth of this child, who was	
(28) (Signature)	
Given name added from a supplemental report (26) Witness	1 Lie Prince
	121 (38) Local Registra.

Registrar *When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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